U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR 09/890072	INTERNATIONAL APPLICATION NO. PCT/JP00/08407	ATTORNEY'S DOCKET NUMBER L9289.01163

24.   The following fees are submitted:.

BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :

		CALCULATIONS PTO USE ONLY
☐ Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO $1000.00		
☒ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO $860.00		
☐ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO $710.00		
☐ International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) $690.00		
☐ International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) $100.00		

ENTER APPROPRIATE BASIC FEE AMOUNT =	$860.00	

Surcharge of $130.00 for furnishing the oath or declaration later than ☐ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).	$0.00	

CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	8 - 20 =	0	x $18.00	$0.00	
Independent claims	4 - 3 =	1	x $80.00	$80.00	
Multiple Dependent Claims (check if applicable).			☐	$0.00	

TOTAL OF ABOVE CALCULATIONS =	$940.00	

☐ Applicant claims small entity status. (See 37 CFR 1.27). The fees indicated above are reduced by 1/2.	$0.00	

SUBTOTAL =	$940.00	

Processing fee of $130.00 for furnishing the English translation later than ☐ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). +	$0.00	

TOTAL NATIONAL FEE =	$940.00	

Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). ☒	$40.00	

TOTAL FEES ENCLOSED =	$980.00	

	Amount to be: refunded	$
	charged	$

a. ☒   A check in the amount of _____$980.00_____ to cover the above fees is enclosed.

b. ☐   Please charge my Deposit Account No. _____ in the amount of _____ to cover the above fees.
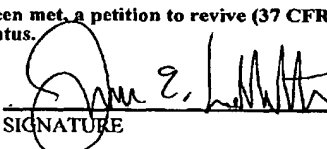   A duplicate copy of this sheet is enclosed.

c. ☒   The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment
         to Deposit Account No. ____19-4375____ A duplicate copy of this sheet is enclosed.

d. ☐   Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. **Credit card
         information should not be included on this form.** Provide credit card information and authorization on PTO-2038.

**NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR
1.137(a) or (b)) must be filed and granted to restore the application to pending status.**

SEND ALL CORRESPONDENCE TO:

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1615 L. Street, NW, Suite 850
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Tel.: (202) 785-0100
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SIGNATURE

James E. Ledbetter

NAME

28,732

REGISTRATION NUMBER

July 26, 2001

DATE